

## Appendix 1

### Report for the Health Partnerships Oversight & Scrutiny Committee Progress report on Brent Obesity Strategy 2010 – 2014

#### 1. Executive Summary

Levels of obesity remain high in Brent with around 24% of adults in Brent estimated to be obese and about 1 in every 5 children in year 6 are obese.

The Brent Obesity Strategic Plan (2010- 2014) was developed to address the treatment, prevention and the reduction of obesity in Brent. The strategy covers four areas: (1) Influencing the Business Sector, (2) Children, Young People and Infant Feeding, (3) Improve Clinical Care pathways (4) and Improve Sport and Physical Activity. The strategy was officially launched in November 2010.

Progress in implementation of the strategy has been slow and reflects the recent structural and financial changes to both Brent council and NHS Brent.

Of the seven key actions which the strategy highlighted there has been some limited progress with regards to

- The establishment of a **Clinical Care Taskforce** which is working on better mapping of dietetics and physical activity provision
- A feasibility study for the **third swimming pool** in Brent

The development of a **community-based obesity management team** has been put on hold as current activity for obesity services does not justify additional investment in the current financial climate.

The Childhood Obesity programme has been severely hit by financial cuts with planned discontinuation (March 2011) of both the MEND programme and the Healthy Little Eaters programme delivered in Brent Children's Centres.

The remaining three key actions included:

- Feedback, signposting and **guidance to parents following the National Childhood Measurement** programme
- The **Bike it** scheme for Brent schoolchildren
- **Motivational interviewing** training for primary care staff

All of these initiatives are contingent on additional investment being found. A business case is being developed to secure funding for some of these initiatives but it is unlikely that funding will be secured for all of these key initiatives.

The rest of this report provides further details on each of the four strategic pillars of the strategy. The appendix also provides a summary status report on the actions highlighted in the plan.

## 2. Strategy Launch

The strategy was developed jointly by NHS Brent and Brent Council using a collaborative approach and launched on 30<sup>th</sup> November 2010 by Ms Sarah Teather, MP, Minister of State for Children and Families, Department for Education. Approximately 100 delegates from Brent and neighbouring boroughs attended the launch. The published strategy is now available online at [www.brentpct.nhs.uk/files/O\\_30Sept10\\_ObesityStrategy.doc](http://www.brentpct.nhs.uk/files/O_30Sept10_ObesityStrategy.doc).

## 3. Key Initiatives and Progress

### 1. Influencing the Business Sector

#### Environmental Health

##### 1.3 Local large businesses: Promote healthy menu's and healthy cooking in staff canteens

**Environmental Health provide life skills training courses** - Some of the original plans have been revised and work is currently being undertaken by Environmental Health with Wembley Stadium to provide life skills training courses for children of the local community. Copland School is the first pilot school. Environmental Health is developing a course to be launched in September 2011 to show children how to produce good well balanced meals on a budget.

### 2. Children, Young People and Infant Feeding

#### Breastfeeding

##### 2.5. Infant nutrition and Breastfeeding: Intensify efforts to support breastfeeding and infant nutrition, addressing inequalities and strengthening peer support

#### **Early Intervention Peer Supporters Programme –**

This is a small team of three paid peer supporters, who support mothers immediately post birth on the wards and in their homes (from 1-7 days post delivery). Based on the evidence, this support will have an impact on our prevalence of breastfeeding at 6-8 weeks. The programme started partially in January 2011 with one peer support worker and two additional staff in February. The team is working well and is starting to have an immediate impact. In due course we will be able to report whether the team has will have an impact on the prevalence of breastfeeding in Brent. The current prevalence of any breastfeeding at 6-8weeks is 70.2% (against a 75% target Q3 2010/11).

### **Childhood Obesity**

#### **3.2 Obese children and young people: increase targeted support**

- Brent Obesity Clinical Care task force to review the MEND programme and make recommendations for future commissioning
- Disseminate audited results of MEND programmes
- Engage clinicians and school nurses in the recruitment of eligible children and families to MEND programmes for 2010-2011

A joint NHS Brent and Brent Council funded programme to tackle childhood obesity commenced in September 2008. This programme aligned with national guidance about evidence based interventions, e.g. National Institute

for Clinical Excellence (NICE), and offered multi-component preventative and treatment interventions. The joint objective of the programme was to: 'slow the year-on-year rise in the prevalence of obesity in reception age children to 10.9% by 2010/11 (National Indicator 55), and reduce the prevalence of obesity in Year 6 children to 22.0% by 2010/11' (National Indicator 56) through a combination of preventative and treatment initiatives'.

Key points:

- The percentage of obese children in Brent in Year 6 has **fallen** by 1.2% from 22.9% to 21.7%. **This result shows that the childhood obesity programme LAA target for 2009/2010 (obesity in year 6 pupils to be 22.1% or lower) has been achieved.**
- The level of obese children in Brent in 2009/2010 (21.7%) was marginally **lower** than the London average (21.8%). In previous years Brent's obesity level has been **higher** than the London average.

	2007/8			2008/9			2009/10		
Year 6	O/W	Obese	Total	O/W	Obese	Total	O/W	Obese	Total
Brent	14.6%	22.5%	<b>37.1%</b>	14.3%	22.9%	<b>37.2%</b>	14.4%	21.7%	<b>36.1%</b>
London	14.7%	21.6%	36.3%	14.7%	21.3%	36%	15.1%	21.8%	36.9%
England	14.3%	18.3%	32.6%	14.3%	18.3%	32.6%	14.6%	18.7%	33.3%

*These are Local Authority NCMP figures (PCT figures are slightly different as are calculated differently).*

**MEND programme update:** The current treatment programme for children aged 7 – 13 in Brent is the MEND (Mind, Exercise, Nutrition Do it!) programme, joint funded by Brent Council and NHS Brent. The programme aims to support children and their families to make positive changes to their diet and fitness levels through practical nutrition and fun exercise sessions.

Two hundred and twenty Brent families having attended the programme over the past 3 years. Positive results have been seen immediately and follow up data at 6 and 12 months is beginning to show the long term effectiveness of the MEND programme.

**Future of MEND Programme in Brent** - In light of the pressure on the NHS and government departments to achieve efficiencies, funding from both Brent Council and NHS Brent to deliver the childhood obesity programme will cease in March 2011. Post March 2011:

- The preventative and treatment initiatives being delivered as part of the childhood obesity programme will cease (including the MEND programme)
- The NHS Brent funded 'Healthy Little Eaters' programme being delivered in all Brent Children's Centres. This includes obesity prevention and treatment initiatives for children under 5 will cease in March 2011.

As a result of the decision made by the Brent Schools Forum, the School Meals Support Officer post currently funded through the School Lunch Grant will not continue after August 2011. As a result **there will be no preventative**

**or treatment services available to children and families** in Brent in future. If Brent is to successfully address the rising obesity levels in children an evidence based programme addressing all levels of needs is required; a strong integrated universal approach delivered in unison by all partners, as well as a targeted intervention to support those children and their families who are already overweight and obese using the MEND delivery model.

### **3. Improve Clinical Care pathways**

#### **Referral Guidelines**

**3.1. Referral Guidelines: Develop and disseminate guidelines for childhood, maternal and adult overweight and obesity.**

**Bariatric surgery pathway** - The group examined the bariatric surgery pathway and found that although there is potentially a large demand for bariatric surgery in Brent, at the moment the numbers of patients actually undergoing surgery is relatively modest (44 in 2009/10). Therefore it was decided not to attempt a radical re-design of the current pathway. The referral criteria for bariatric surgery that are being developed by the North West London sector will be used to refer and prioritise patients for bariatric surgery.

**Mapping community provision of dietetics and physical activity** - The clinical group is carrying out some limited work around mapping community provision of dietetics and physical activity services for people who have uncomplicated overweight/obesity. If successful the forthcoming business case for the NHS Health Checks programme will provide an opportunity to argue the case for some increased provision of physical activity /weight management services in the community.

### **4. Improve Sport and Physical Activity**

**3.3. Community-based programmes: Improve Population-monitoring and weight management interventions**

**Capture opportunities for personalised weight management and obesity care through the NHS Checks programme**

**NHS Health Checks** - The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited to have a check once every five years. There is an opportunity for this programme to identify large numbers of individuals who could benefit from weight management and increased physical activity. Up to December 2010 the pilot programme in ten GP surgeries had provided 611 individuals with physical activity advice. A future business case is being developed to ask for additional funding for a community weight management for eligible individuals identified through the programme.

**Intensive lifestyle initiative** - An intensive lifestyle initiative (ILI) pilot was launched alongside the health checks for patients who have impaired glucose tolerance (IGT). The ILI is composed of 7 intensive one-to-one sessions delivered by a specialist dietician of tailored dietary advice, cooking skills, goal setting and behaviour change together with intensive gym-based physical activity sessions facilitated by the Council. This programme aims to delay and

prevent the onset of diabetes through improved diet, physical activity and weight management. The pilot will run until August 2011 and will be evaluated in due course.

## **Physical Activity**

### **4.1 Increase provision of appropriate facilities**

**Participation in physical activity** - Brent has one of the lowest levels of participation in physical activity in London and England, according to Sport England's Active people survey. The Active People 2 survey (2008) showed that 53.3% of Brent's population do no physical activity and only 19.5% of the adult population undertake 3 occasions per week of moderate intensity physical activity or sport. The Active People 3 (2009) survey showed that 53.1% of Brent's population do no physical activity but only 15.8% of the adult population were undertaking 3 occasions per week of moderate intensity physical activity or sport.

**Activities** - There are many activities already in place to tackle obesity in infants, children, young people and adults, using a wide range of targeted and universal approaches and across different health improvement strategies e.g. signposting, health education, personalised care and incentive schemes. These activities include: Exercise Referral schemes in two sports centres; Cardiac Rehab Phase 4 sessions, walks and jog programmes across the Borough; annual fun run and walk; two sports centres accredited by the Inclusive Fitness Initiative.

**Key Actions** - The Key Actions relating to Sports and Physical activity mirror those in the Sports and Physical Activity Strategy and are to:

1. Increase provision of appropriate facilities
2. Increase knowledge of the wider benefits of an active lifestyle
3. Get more people active

The sport and physical activity element of the obesity strategy focuses on 15 actions and many of these have progressed over the last year. For example:

- A detailed feasibility study for the provision of a third pool with health and fitness facilities in the North of the Borough is near completion.
- Tennis courts have been upgraded and Multi Use Games areas and netball courts installed in different parks across the Borough.
- An Active Women programme is being delivered at Bridge Park Community Leisure Centre.
- Sports activities during school holidays have been organised for family participation.
- A programme of Olympic sports activities for young people at three sports centres

Unfortunately due to Council's budget savings package that will take effect from April 2011, Charteris sports centre in Kilburn will close. This small dryside sports centre is within a residential area in Kilburn and there are 15 sports and fitness facilities within a 1.5 mile radius of the centre. Existing

members and users of the centre are being signposted to these alternate facilities.

#### 4.8 Mental Health (Obesity Strategy)

**Mental Health Employment IAPT (Improving access to psychological therapy)** - A pilot project was developed as a result of a successful bid to NHS London to support people with mild mental health problems to gain employment and to sustain the employment status for people working but on sickness absence due to mental health issues. The steering group for the project has been a partnership between Job Centre Plus, Richmond Fellowship, Reed Agency, Brent Mental Health User group, Brent MIND, NHS Brent, Brent Council, and College of North West London. An assessment of each client's needs was made by the employment advisor including dietary advice, healthy eating, smoking status, weight management and physical activity. A specialist mental health dietician was commissioned to provide one-to-one and sessional support to people who were obese, overweight or needed healthy eating advice. Clients were made aware of the physical activity available across Brent. One-to-one behaviour change advice was also provided by Health Trainers. The programme has seen

**Outcomes** - As a result of the IAPT project 8 clients received one-to-one support around diet and a further 15 were seen in group sessions. 53 People with mild mental health problems who were unemployed were referred to the employment adviser. 7 Clients are being supported to work, 15 clients who have returned work retained their jobs with on-going support, 9 client files were closed as on-going support is now complete. 7 clients did not engage and 1 client was assessed and did not require a service and 4 clients were referred back to the employment adviser at the College of North West London.

#### 4. Risks

There have been significant reductions in capacity within the last six months and progress is limited. This includes the departure of the following staff: Specialist Registrar in Public Health, NHS Brent, Healthy Schools Coordinator, Brent Council, Strategic Joint Commissioning Manager and Community Infant Nutrition Co-ordinator. Contracts end in on the 31<sup>st</sup> March 2011 for the following staff: The breastfeeding support workers and Child Health Support Officer. Environmental Health has been reorganised and there will be less capacity to undertake health and well being initiatives. There have been three major reorganisations within Brent Council, NHS Brent and Brent Community Services. Despite potential risks, affected key stakeholders have shown commitment to the Brent Obesity Strategy and contingency planning is in progress. A business case is in preparation to secure funding for some parts of the strategy and a Health Improvement Specialist has been appointed with responsibility for Obesity and Physical Activity and implementation of the strategy.

Kostakis Christodoulou, Head of Health Promotion  
17<sup>th</sup> March 2011

## Appendix 1 - Brent Obesity Strategy Action Plan

Strategic Pillar 1: Influencing the Business Sector- Focus Areas (Key Actions)	Timeline	Lead Officer	Status
<b>1.1 Fast Food Outlet (A5): Influence positive change in menu choice</b>			
• Environmental Health (EH) to map all fast food take away premises	July 2010	Environmental Health	Completed
• Identify how many Fast Food outlets have healthy options	August 2010	Environmental Health	In progress
• Develop a working protocol to advise & educate business on alternative healthy menu options	December 2010	Environmental Health	To be started
• Work with A5 businesses to implement healthy menu options	over 1 year	Environmental Health	To be started
<b>1.2 Take Away restaurants: Restrict planning permission within 400 metres of a School</b>			
Establish an evidence base for the association between childhood obesity and fast food take away restaurants	3 months	Public Health	To be started
• Work with planning to restrict permission to A5 premises within 400 metres of schools	up to 2012	Planning Officer	To be started
• Investigate the use of payments from planning applications (section 106 payments) to fund extracurricular physical activities in schools	1 month	Planning Officer	To be started
• Work towards policy changes which will incorporate school activities in S.106 funding	1 month	Planning Officer	To be started
<b>1.3 Local large businesses: Promote healthy menu's and healthy cooking in staff canteens</b>			
• Organise an area forum for representatives of large companies to discuss, educate and advise on healthy menu options	April 2011	Environmental Health	Revised plans In progress
• Critically assess workplace practices in NHS Brent and the Local Authority and introduce policies that encourage physical activity and healthy eating	3-6 months	Policy and Performance	Revised plans In progress
• Encourage and support the implementation of healthy meals provision in staff canteens.	3-6 months	Environmental Health	Revised plans
• Promote the provision of free fruit in public sector organizations and large private sector organizations in Brent	3-6 months	Environmental Health	Revised plans In progress
<b>1.4 Small and Medium Enterprise: work to raise occupational health standards</b>			
• Encourage the use of NHS Plus and Occupational Health Helpline by SMEs	12 months	Health Inequalities	To be started
• Promote the provision of free fruit for employees in Small and Medium Enterprises in Brent	12 months	Health Inequalities	To be started
• Engage with Small and Medium Enterprises to develop clinical and occupational standards	12 months	Health Inequalities	To be started
• Promote Active Travel as a means of incorporating exercise and activity in to the daily routine,	within 3 months	Sustainable Transport	In progress

<b>Strategic Pillar 2: Children, Young People and Infant Feeding Focus Areas</b>	<b>Timeline</b>	<b>Lead Officer</b>	<b>Status</b>
<b>2.1 Healthy Schools: Support the Enhanced model framework</b>			
<ul style="list-style-type: none"> <li>Encourage Brent schools to choose healthy weight as one of their priorities as part of the Healthy Schools Enhancement model, particularly those in areas with higher levels of overweight and obesity</li> </ul>	Ongoing	Healthy Schools Coordinator	To be started
<ul style="list-style-type: none"> <li>Agree on effective communication with schools to ensure that schools are aware of the support available to them to support them achieve this priority</li> </ul>	September 2010	Healthy Schools Coordinator	To be started
<ul style="list-style-type: none"> <li>Ensure that partners provide relevant and accurate data and means of evaluation at each stage of the Enhanced Model framework</li> </ul>	Quarterly	Healthy Schools Coordinator	To be started
<b>2.2 Free school meals (NI52): increase take-up</b>			
<ul style="list-style-type: none"> <li>Increase the take-up of paid and free school meals school meals (paid and free) to 50% and 40% in Brent primary and secondary schools respectively</li> </ul>	July 2011	School Meals Support	In progress
<ul style="list-style-type: none"> <li>Ensure 100% of schools are supported to meet the mandatory food and nutrient based standards for school meals.</li> </ul>	July 2011	School Meals Support	Complete
<ul style="list-style-type: none"> <li>Develop an options paper regarding the continuation of the Food in Schools Programme and NI52 data collection.</li> </ul>	Complete by Dec 2010	School Meals Support	Complete
<b>2.3 NCMP: Increase the annual data collection and targeted feedback</b>			
<ul style="list-style-type: none"> <li>Maintain levels of participation in the NCMP by Brent schools (91%)</li> </ul>	Annually	School Nursing	
<ul style="list-style-type: none"> <li>Develop a plan to pilot routine feedback in 1 locality / ward, including the provision of advice and information</li> </ul>	6 months	School Nursing	
<ul style="list-style-type: none"> <li>Implement a robust referral process for children identified as overweight or obese through the NCMP in line with the care pathways</li> </ul>	2012	School Nursing	
<b>2.4 Support Brent Further Education establishments to promote healthier lifestyles</b>			
<ul style="list-style-type: none"> <li>Increased health promotion activity at CNWL during health weeks, open days, other events</li> </ul>	Sept 2010 to July 2012	Student Liaison Manager at CNWL	
<ul style="list-style-type: none"> <li>Increased pupil participation, particularly girls, in sports and physical activity at CNWL</li> </ul>	Sept 2010 to June 2011	Student Liaison Manager at CNWL	

<ul style="list-style-type: none"> <li>Improved access to healthy food at CNWL, including working with the caterers to explore the provision of healthier options and explore the option to provide healthier vending machine options.</li> </ul>	within 6 months	Student Liaison Manager at CNWL	
<ul style="list-style-type: none"> <li>CNWL to work in partnership with Environmental Health to increase the number of healthy options at the fast food outlets surrounding the schools and colleges (e.g. Sam's)</li> </ul>	within 1 year	Environmental Health Team manager	To be started
<b>2.5 Infant nutrition and Breastfeeding: intensify efforts to support breastfeeding and infant nutrition, addressing inequalities and strengthening peer support</b>			
<ul style="list-style-type: none"> <li>Achieve Stage I UNICEF Baby Friendly Initiative (BFI) Accreditation; Registration of Intent accepted by UNICEF</li> </ul>	March 2011	Community Infant Nutrition Coordinator	In progress
<ul style="list-style-type: none"> <li>Develop and implement a marketing campaign with positive images and role models for breastfeeding</li> </ul>	6 – 12 months	Coordinator	Complete
<ul style="list-style-type: none"> <li>To address inequalities, by carrying out a needs assessment, expanding BFI and breastfeeding strategies in areas with low breastfeeding prevalence.</li> </ul>	6 months	Community Infant Nutrition Coordinator	To be started
<ul style="list-style-type: none"> <li>To monitor and evaluate the weight management service commissioned for Brent Children's Centres</li> </ul>	March 2011	Nutrition and Dietetics	In progress
<b>Strategic Pillar 3: Improve Clinical Care Pathways- Focus Areas (Key Actions)</b>			
<b>3.1 Referral Guidelines: Develop and disseminate guidelines for childhood, maternal and adult overweight and obesity</b>			
<ul style="list-style-type: none"> <li>Establish a Brent Obesity Clinical Care task force composed of senior clinician, dietician, occupational health, GP, adult and child psychologist, paediatrician and school nurse lead</li> </ul>	within 1 month	Public Health	In progress
<ul style="list-style-type: none"> <li>Conduct a review of existing evidence for effective interventions and conduct a health needs assessment for obesity, identifying existing inequities in service provision</li> </ul>	within 2 months	Ext Commissioned Provider	Cancelled
<ul style="list-style-type: none"> <li>Develop a patient-centred health related obesity clinical care pathway, integrated across the community, for tiered levels of obesity for adults, children and people with mental health disorders</li> </ul>	review 1 month	Public Health Consultant	In progress
<ul style="list-style-type: none"> <li>Ensure all GPs and frontline healthcare workers are aware of referral criteria and clinical pathway</li> </ul>	1 month	Public Health	In progress
<ul style="list-style-type: none"> <li>Establish clear process and output targets to monitor and evaluate the clinical care pathway, including patient centred evaluation</li> </ul>	1 month	Public Health Consultant	To be started
<b>3.2 Obese children and young people: increase targeted support</b>			

• Brent Obesity Clinical Care task force to review the MEND programme and make recommendations for future commissioning	October 2010	Commissioning Manager	Completed
• Disseminate audited results of MEND programmes	October	Commissioning	Completed
• Engage clinicians and school nurses in the recruitment of eligible children and families to MEND programmes for 2010-2011	Ongoing	Commissioning Manager	Achieved
• Establish integrated paediatric nutrition service in the community with the support of a child psychologist based on best evidence and the health needs assessment	3 – 4 months	Public Health Consultant	Not started
<b>3.3 Community-based programmes: Improve Population-monitoring and weight management interventions</b>			
• 90% of GP practice obesity registers visited, checked and updated by 2012	2012	Primary Care	Not started
• Ensure that patients are aware of, can access and navigate their way through the clinical care pathway	March 2011	Public Health	In progress
• Ensure front-line health workers actively case-find patients eligible for weight management services or bariatric surgery and incorporate motivational interviewing within their clinical approach to weight management and physical activity	Early 2011	Director of Primary Care Commissioning	Not started
• Capture opportunities for personalised weight management and obesity care through the NHS Health Checks programme	2011	Public Health Consultant	In progress
• Establish on-site commercial weight management programmes and improve accessibility and uptake in the workplace	Complete by end of 2011	Public Health Consultant,	Not started
<b>3.4 Decentralisation of care: Pre- and post-operative follow-up and care for bariatric surgery</b>			
• Ensure that pre- and post-operative management is appropriately delivered in primary or secondary care as determined by the health needs assessment	health needs assessment	Public Health Consultant	Completed
• Ensure resources are used as effectively as possible to reduce waiting times for bariatric surgery	Ongoing	Public Health Consultant	Under development
• Establish an integrated, community care team for bariatric surgery follow-up and personalised weight management with psychology input (Not justified by current patient numbers therefore no further action)	2012	Public Health Consultant	Cancelled
<b>Strategic Pillar 4: Sports and Physical Activity Focus Areas (Key Actions)</b>			
<b>4.1 Increase provision of appropriate facilities</b>			
• Progress the work to enable a third pool with health and fitness facilities to be built that serves the north of the borough.	2010 to 2013	Head of Sports Service	In progress

<ul style="list-style-type: none"> <li>Make public parks and open spaces more accessible and attractive to those wanting to be physically active and develop a wider range of opportunities for informal physical activity, in particular through School-based cycling projects such as Bike It.</li> </ul>	2010 to 2014	Assistant Director (Culture)	In progress
<ul style="list-style-type: none"> <li>Ensure quality sports provision is integral within the Building Schools for the Future (BSF) programme in Brent.</li> </ul>	2010 to 2015	Head of Sports Service	Cancelled
<ul style="list-style-type: none"> <li>Ensure opportunities for physical activity are built into public spaces.</li> </ul>	2010 to 2015	Policy and Projects	In progress
<b>4.2 Increase knowledge of the wider benefits of an active lifestyle.</b>			
<ul style="list-style-type: none"> <li>Target new physical activity programmes in areas with higher levels of deprivation to tackle health inequalities.</li> </ul>	2010 to 2015	Health Inequalities Manager	To be started
<ul style="list-style-type: none"> <li>Persuade more health professionals to prescribe physical activity as a form of preventative medicine.</li> </ul>	2010 to 2015	Health Inequalities Manager	To be started
<ul style="list-style-type: none"> <li>Ensure that physical activity is a key component in targeted health improvement and intervention programmes such as improving vascular health.</li> </ul>	2010 to 2015	Matt Miles Health Promotion	In progress
<ul style="list-style-type: none"> <li>Get more people walking and physically active during their leisure time, work breaks and as a means of transport.</li> </ul>	2010 to 2015	Sports Development Officer	In progress
<ul style="list-style-type: none"> <li>Support businesses to develop healthy, active workplaces.</li> </ul>	2010 to 2015	Health Inequalities	To be started
<ul style="list-style-type: none"> <li>Develop the health trainer model to help support and motivate people wishing to develop a healthier, more active lifestyle.</li> </ul>	2010 to 2015	Health Inequalities Manager	To be started
<b>4.3 Get more people active</b>			
<ul style="list-style-type: none"> <li>Direct additional developmental work on the five target groups, concentrating on non and low participants to encourage them to become active.</li> </ul>	2010 to 2015	Sports Development	In progress
<ul style="list-style-type: none"> <li>Develop activities within community settings to reduce transport as a barrier and enhance the likelihood of sustained participation.</li> </ul>	2010 to 2015	Sports Development	In progress
<ul style="list-style-type: none"> <li>Promote the use of Parks for informal physical activity.</li> </ul>	2010 to 2015	Head of Parks Service	In progress
<ul style="list-style-type: none"> <li>Develop opportunities for 'family' participation in sport and physical activity.</li> </ul>	2010 to 2015	Sports Development	In progress
<ul style="list-style-type: none"> <li>Widely promote free activities, Brent's leisure discount scheme and the availability of pay and play opportunities at all Brent Council owned sports centres.</li> </ul>	2010 to 2015	Leisure Client Officer	In progress

